



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF THE ASSESSOR  
SPECIAL PROCESSING AND VALUATION SUPPORT

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVE., SUITE 804  
DETROIT, MI 48226  
PHONE 313•224•3035  
FAX: 313•224•4270  
WWW.DETROITMI.GOV

## PROPERTY OWNER AND/OR TAXPAYER CHANGE OF ADDRESS FORM

### REQUIRED DOCUMENTS

***PERSONAL: COPY OF DRIVER'S LICENSE OR IDENTIFICATION CARD***  
***COMPANY: COPY OF LLC APPROVAL***

Parcel ID: \_\_\_\_\_ Property Address: \_\_\_\_\_

### PRINT PROPERTY OWNER INFORMATION BELOW:

Owner First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

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### IF TAX BILL SHOULD BE SENT TO OTHER THAN OWNER, PRINT INFORMATION OF PERSON TO RECEIVE BILL BELOW:

Taxpayer First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SIGNATURE OF PERSON AUTHORIZING CHANGE (REQUIRED) PRINT NAME HERE \_\_\_\_\_

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### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Change Made By: \_\_\_\_\_

VERIFICATION ATTACHED: ☐ Deed ☐ Probate/POA ☐ State ID/Driver's License ☐ Other \_\_\_\_\_